

# CLAIMS ONLY

Application Number

10/722816

Filing Date

Applicant(s)

| CLAIMS       | AS FILED |        | <i>Exr's Amdt</i><br>AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|--|--------|------------------------|--------|
|              | Indep    | Depend | Indep                                      | Depend | Indep                  | Depend |
| 1            |          |        |  |        |                        |        |
| 2            |          |        |  |        |                        |        |
| 3            |          |        |  |        |                        |        |
| 4            |          |        |  |        |                        |        |
| 5            |          |        |  |        |                        |        |
| 6            |          |        |  |        |                        |        |
| 7            |          |        |  |        |                        |        |
| 8            |          |        |  |        |                        |        |
| 9            |          |        |  |        |                        |        |
| 10           |          |        |  |        |                        |        |
| 11           |          |        |  |        |                        |        |
| 12           |          |        |  |        |                        |        |
| 13           |          |        |  |        |                        |        |
| 14           |          |        |  |        |                        |        |
| 15           |          |        |  |        |                        |        |
| 16           |          |        |  |        |                        |        |
| 17           |          |        |  |        |                        |        |
| 18           |          |        |  |        |                        |        |
| 19           |          |        |  |        |                        |        |
| 20           |          |        |  |        |                        |        |
| 21           |          |        |  |        |                        |        |
| 22           |          |        |  |        |                        |        |
| 23           |          |        |  |        |                        |        |
| 24           |          |        |  |        |                        |        |
| 25           |          |        |  |        |                        |        |
| 26           |          |        |  |        |                        |        |
| 27           |          |        |  |        |                        |        |
| 28           |          |        |  |        |                        |        |
| 29           |          |        |  |        |                        |        |
| 30           |          |        |  |        |                        |        |
| 31           |          |        |  |        |                        |        |
| 32           |          |        |  |        |                        |        |
| 33           |          |        |  |        |                        |        |
| 34           |          |        |  |        |                        |        |
| 35           |          |        |  |        |                        |        |
| 36           |          |        |  |        |                        |        |
| 37           |          |        | /  | /      |                        |        |
| 38           |          |        | /  | /      |                        |        |
| 39           |          |        | /  | /      |                        |        |
| 40           |          |        | /  | /      |                        |        |
| 41           |          |        | /  | /      |                        |        |
| 42           |          |        | /  | /      |                        |        |
| 43           |          |        | /  | /      |                        |        |
| 44           |          |        | /  | /      |                        |        |
| 45           |          |        | /  | /      |                        |        |
| 46           |          |        | /  | /      |                        |        |
| 47           |          |        | /  | /      |                        |        |
| 48           |          |        | /  | /      |                        |        |
| 49           |          |        | /  | /      |                        |        |
| 50           |          |        | /  | /      |                        |        |
| Total Indep  |          |        | 4  |        |                        |        |
| Total Depend |          |        | 20   |        |                        |        |
| Total Claims |          |        | 24   |        |                        |        |

  

| * May be used for additional claims or amendments |       |        |                   |        |       |        |
|---|-------|--------|-------------------|--------|-------|--------|
|   |       |        | <i>Exr's Amdt</i> |        |       |        |
|   | Indep | Depend | Indep             | Depend | Indep | Depend |
| 61  |       |        |                   |        |       |        |
| 62  |       |        | /                 | /      |       |        |
| 63  |       |        | /                 | /      |       |        |
| 64  |       |        | /                 | /      |       |        |
| 65  |       |        | /                 | /      |       |        |
| 66  |       |        | /                 | /      |       |        |
| 67  |       |        | /                 | /      |       |        |
| 68  |       |        | /                 | /      |       |        |
| 69  |       |        | /                 | /      |       |        |
| 70  |       |        | /                 | /      |       |        |
| 71  |       |        |                   |        |       |        |
| 72  |       |        |                   |        |       |        |
| 73  |       |        |                   |        |       |        |
| 74  |       |        |                   |        |       |        |
| 75  |       |        |                   |        |       |        |
| 76  |       |        |                   |        |       |        |
| 77  |       |        |                   |        |       |        |
| 78  |       |        |                   |        |       |        |
| 79  |       |        |                   |        |       |        |
| 80  |       |        |                   |        |       |        |
| 81  |       |        |                   |        |       |        |
| 82  |       |        |                   |        |       |        |
| 83  |       |        |                   |        |       |        |
| 84  |       |        |                   |        |       |        |
| 85  |       |        |                   |        |       |        |
| 86  |       |        |                   |        |       |        |
| 87  |       |        |                   |        |       |        |
| 88  |       |        |                   |        |       |        |
| 89  |       |        |                   |        |       |        |
| 90  |       |        |                   |        |       |        |
| 91  |       |        |                   |        |       |        |
| 92  |       |        |                   |        |       |        |
| 93  |       |        |                   |        |       |        |
| 94  |       |        |                   |        |       |        |
| 95  |       |        |                   |        |       |        |
| 96  |       |        |                   |        |       |        |
| 97  |       |        |                   |        |       |        |
| 98  |       |        |                   |        |       |        |
| 99  |       |        |                   |        |       |        |
| 100   |       |        |                   |        |       |        |
| Total Indep                                       |       |        |                   |        |       |        |
| Total Depend                                      |       |        |                   |        |       |        |
| Total Claims                                      |       |        |                   |        |       |        |